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Marci Sant	illanes		(Depositor's name)
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	08-95-01		(stetl)
TOR	ATTORNEY DOCKET NO.	CONFIR	MATION NO.

FIRST NAMED INVE FILING DATE APPLICATION NO. 1276 200208997-1 Richard W. Adkisson 10/635,372 08/06/2003

TITLE OF INVENTION: COVERAGE DÉCODER CIRCUIT FOR PERFORMANCE COUNTER

William P. O'Meara

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1400.00 DA 01 FC:150 PREV. PRIDTSSUETE TOTAL PERS DUE DATE DUE APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE 09/20/2007 \$1700 \$300 50 NO \$1400 nonprovisional ART UNIT CLASS-SUBCLASS EXAMINER 2117 714-724000 KERVEROS, JAMES C 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered automey or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Houston, Texas Hewlett-Packard Development Company, L.P. Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🚇 Corporation or other private group entity 🗀 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue (ee shows above) 4a. The following fee(s) are submitted: A check is enclosed. Issue Fee Payment by credit card. Form PTO-2038 is strached. Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2025 (enclose an extra copy of this form). Advance Order - # of Copica 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY sums. See 37 CFR 1.27. □ h. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). of from anyone other than the applicant; a registered attorney or agent; or the assigned or other party in Direc. NOTE: The Issue Fee and Publication Fee (if properly) will not be one interest as shown by the records of the United States Patent and I radge Authorized Signature

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